

Revised 06/08

faxed 12-5-17

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest Information received
by a department or accepted by the
Governor on behalf of the state

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Department of Corrections - North Central Correctional Facility

Name of Department or Office
313 Lamedale

Rockwell City, IA 50579

Mailing Address
712-297-7521

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Robert Johnson, Warden

Name

same

same

Mailing Address (if different from above)

robert.a.johnson@iowa.gov

City, State, Zip (if different from above)

same

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

World Services, Inc.

Name

475 Riverside Drive

New York, NY 10115

Mailing Address

City, State, Zip Code

212-870-3400

Area Code & Telephone Number

Email Address (optional)

11-27-17

\$410.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Forty "Daily Reflections" books to be used by the Alcoholics Anonymous groups.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Robert Johnson affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date